

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**



## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:  
that my residence, post office address and citizenship are as stated below next to my name;  
that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled **AUGMENTATION OF K+ CHANNEL EXPRESSION USING ADENOVIRAL VECTORS**

the specification of which (check one(s) applicable)

☒ was filed September 25, 2003 as U.S. Application No. 10/671,253  
☐ and was amended by Amendment filed (if applicable); (or);  
☐ is attached to this Declaration, Power of Attorney and Power to Inspect.

that I have reviewed and understand the contents of the above-referenced specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 58(a) [37CFR51.56(a)].

CLAIM UNDER 35 USC 511(a): I hereby claim the benefit under 35 USC 511(a) of any United States provisional applications listed below:

Provisional Application No.

Filing Date  
Day/Mo/Year

60/413,911

27 September 2002

**POWER OF ATTORNEY:** As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Kathleen D. Rigout, Ph.D.**, Reg. No. 43,047, **Patrick J. Heguri, Esq.**, Reg. No. 27,546.

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110.**

DIRECT INQUIRIES TO: **Kathleen D. Rigout, Ph.D., D.D.**  
Telephone: (215) 563-4100  
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SOLE OR FIRST JOINT INVENTOR

Full Name Stephen L. Archer  
First Middle Last

Signature Stephen Archer

Date 9/27/03

Residence Edmonton, Alberta Canada  
City State or Country

Citizenship Canada

Post Office Address:

45 Olsen Close

Edmonton Alberta Canada T6R 1L1  
City State or Country Zip Code

### SECOND JOINT INVENTOR

Full Name Evangelos D. Michalakis  
First Middle Last

Signature Evangelos

Date 9/27/03

Residence Edmonton, Alberta Canada  
City State or Country

Citizenship Greece

Post Office Address:

507 Byrne Crescent

Edmonton Alberta Canada T6W 1E2  
City State or Country Zip Code



## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

I, the below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **AUGMENTATION OF K+ CHANNEL EXPRESSION USING ADENOVIRAL VECTORS**

the specification of which [check one(s) applicable]

☒ was filed \_\_\_\_\_ as U.S. Application No. \_\_\_\_\_  
and was amended by Amendment filed \_\_\_\_\_ (if applicable); [or];  
\_\_\_\_\_ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

**CLAIM UNDER 35 USC §119(e):** I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:

Provisional Application No.

Filing Date  
Day/Mo/Year

60/413,911

27 September 2002

**POWER OF ATTORNEY:** As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Kathleen D. Rigaut, Ph.D. Reg. No. 43,047, Patrick J. Hagan, Esq. Reg. No. 27,643.**

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110.**

DIRECT INQUIRIES TO: Kathleen D. Rigaut, Ph.D., J.D.  
Telephone: (215) 563-4100  
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SOLE OR FIRST JOINT INVENTOR

Full Name Stephen L. Archer  
First Middle Last

Signature \_\_\_\_\_

Date \_\_\_\_\_

Residence Edmonton, Alberta Canada  
City State or Country

Citizenship Canada

Post Office Address:

45 Olsen Close

Edmonton Alberta Canada T6R 1L1  
City State or Country Zip Code

### SECOND JOINT INVENTOR

Full Name Evangelos D. Michelakis  
First Middle Last

Signature \_\_\_\_\_

Date \_\_\_\_\_

Residence Edmonton, Alberta Canada  
City State or Country

Citizenship Greece

Post Office Address:

507 Byrne Crescent

Edmonton Alberta Canada T6W 1E2  
City State or Country Zip Code